

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4		/		/		/
5		4				
6		3				
7		3				
8		3				
9		3				
10		(1)				
11		(1)				
12		(1)				
13	/		/		/	
14		/		/		/
15		/		/		/
16		/		/		/
17		/		/		/
18	/		/		/	
19	/		/		/	
20		2				
21		6				
22		6				
23		6				
24		6				
25		6				
26		6				
27		6				
28		6				
29	/		/		/	
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42	/		/		/	
43	/		/		/	
44						
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46						
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48						
49						
50						
TOTAL IND.			13			
TOTAL DEP.			10			
TOTAL CLAIMS			23			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.					13	
TOTAL DEP.					30	
TOTAL CLAIMS					43	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS